



CLAIM # _____

AFFIDAVIT OF HEIRSHIP

DO NOT COMPLETE THIS FORM IF THE DECEDENT LEFT A WILL THAT WAS PROBATED IN COURT OR IF THERE HAS BEEN SOME OTHER TYPE OF COURT DETERMINATION TO THE ESTATE.

You may use an attachment if additional space is required.

Affidavit of facts concerning the identity of Heirs for the estate of: _____
("Decedent")

BEFORE me, the undersigned authority, on this day personally appeared: _____ who, being first duly sworn upon his/her oath states:
("Affiant")

1.

| | |
|--------------|--|
| MY NAME IS: | |
| I RESIDE AT: | |

I am personally familiar with the family and marital history of _____, and I have personal knowledge of the facts stated in this affidavit.
("Decedent")

2.

| | | | |
|--|--------|--------|---------|
| I KNEW THE DECEDENT | FROM: | UNTIL: | |
| DECEDENT DIED ON | MONTH: | DATE: | YEAR: |
| DECEDENT'S PLACE OF DEATH | CITY: | STATE: | COUNTY: |
| DECEDENT'S RESIDENCE AT TIME OF DEATH: | MONTH: | DATE: | YEAR: |

3. Provide information on the decedent's marital history: **(If never married, indicate below.)**

| NAME OF SPOUSE | DATE OF MARRIAGE | DATE OF DIVORCE | DATE OF SPOUSE'S DEATH |
|----------------|------------------|-----------------|------------------------|
| | | | |
| | | | |
| | | | |

4. Provide the following information on the decedent's natural born and adopted children: **(If none, indicate below.)**

| CHILD'S NAME & CURRENT ADDRESS | BIRTH DATE | NAME OF CHILD'S OTHER PARENT | DATE OF CHILD'S DEATH |
|--------------------------------|------------|------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |

5. Provide the following information on the decedent's grandchildren, born only to the deceased children in item 4 above. **(If none, indicate below.)**

| GRANDCHILD'S NAME/ CURRENT ADDRESS | BIRTH DATE | NAME OF GRANDCHILD'S DECEASED PARENT |
|---------------------------------------|------------|---|
| | | |
| | | |
| | | |

6. If the decedent never married and did not have any children, provide the following information on the decedent's parents:

| DECEDENT'S PARENTS | PARENT'S NAME/ CURRENT ADDRESS | DATE OF PARENT'S DEATH |
|--------------------|-----------------------------------|---------------------------|
| MOTHER | _____ | |
| FATHER | _____ | |

7. Provide the following information on the decedent's brothers and/or sisters: *(If none, indicate below.)*

| BROTHER OR SISTER NAME/ CURRENT ADDRESS | BIRTH DATE | BROTHER/SISTER DATE OF DEATH |
|--|---------------|---------------------------------|
| _____ | | |
| _____ | | |
| _____ | | |

8. Provide the following information on the decedent's nieces and/or nephews born only to the decedent's brothers/sisters in item 7, above: *(If none, please state below.)*

| NIECE OR NEPHEW NAME/ CURRENT ADDRESS | BIRTH DATE | NIECE OR NEPHEW DECEASED PARENTS |
|--|---------------|-------------------------------------|
| _____ | | |
| _____ | | |
| _____ | | |

The affiant acknowledges that he/she understands that filing a false affidavit constitutes a felony in this state.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this _____ day of _____, 20_____.

BY: _____
(Affiant)

Notary Signature: _____

My Commission expires: _____